



KENNETH CRAWFORD
Chairman

CLARENCE BROWN
Vice-Chairman

JERRY PAUL COX
Board Member

CARLA JORDAN
Board Member

SAM WATTS
Board Member

KNOX COUNTY PUBLIC SCHOOLS

200 DANIEL BOONE DRIVE • BARBOURVILLE, KENTUCKY 40906

WALTER T. HULETT, SUPERINTENDENT

Learning is Our Business
Student Success is our Passion

AI 35398
SCANNED / QC
MAR 27 2008

March 26, 2008


KPDES Branch
Division of Water
Ms. Vickie Prather
14 Reilly Road
Frankfort, Kentucky 40601

Dear Ms. Prather,

Please find enclosed the permit application forms for Flat Lick Elementary school. If there are any questions or concerns regarding the application please contact me at 606-627-4017 or my email address is floyd.blevins@knox.kyschools.us.

Thank you for your help and attention.

Sincerely,



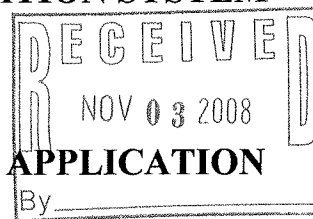
Floyd Blevins
Plumber

KPDES FORM 1

Al 35398

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAR 27 2008



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0093882
A. Name of business, municipality, company, etc. requesting permit KNOX COUNTY BOARD OF EDUCATION			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name: FLAT LICK ELEMENTARY SCHOOL KPDES # 0093882		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> FLOYD D BLEVINS	
Facility Location Address (i.e. street, road, etc., not PO Box): US HWY 25-E N		Mailing Address: 200 DANIEL BOONE DRIVE	
Facility Location City, State, Zip Code: FLAT LICK KENTUCKY 40935		Mailing City, State, Zip Code: BARBOURVILLE KENTUCKY 40906	
		Facility Contact Telephone Number: 606-546-3157 CELL 606-627-4017	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: SCHOOL

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

8211 Elementary and Secondary Schools

Other SIC Codes:

N/A

N/A

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

KNOX

City where facility is located (if applicable):

C. Body of water receiving discharge:

UNNAMED TRIBUTARY

D. Facility Site Latitude (degrees, minutes, seconds):

36 50 359

Facility Site Longitude (degrees, minutes, seconds):

83 46 831

E. Method used to obtain latitude & longitude (see instructions):

GPS

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

BILLY R HAMMONS

Telephone Number:

606-546-3157

Operator Mailing Address (Street):

200 DANIEL BOONE DRIVE

Operator Mailing Address (City, State, Zip Code):

BARBOURVILLE KENTUCKY 40906

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

WW TREATMENT 1

Certification Number:

01552

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY 0093882

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	FLOYD D BLEVINS
DMR Official Telephone Number:	606-546-3157

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	BECKMAN ENVIRONMENTAL
DMR Mailing Address:	4259 ARMSTRONG BLVD.
DMR Mailing City, State, Zip Code:	BATAVIA, OHIO 45103

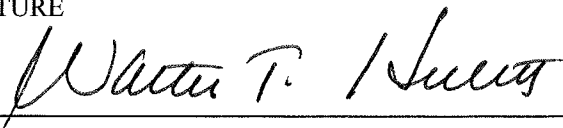
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Small Non-POTW	200

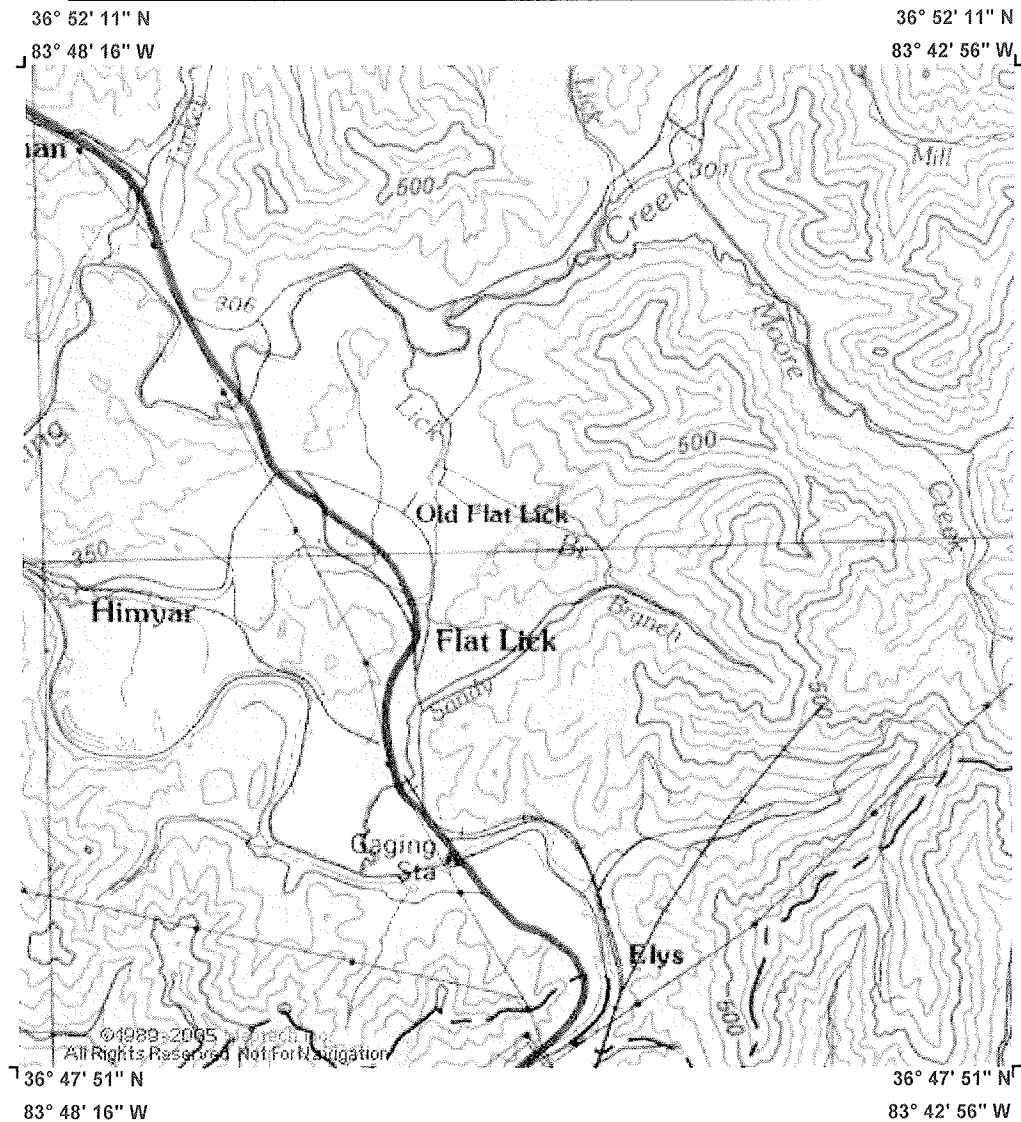
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> WALTER T HULETT SUPERINTENDENT	606-546-3157
SIGNATURE	DATE:
	3/25/08

MAPTECH[®] MAPSERVER

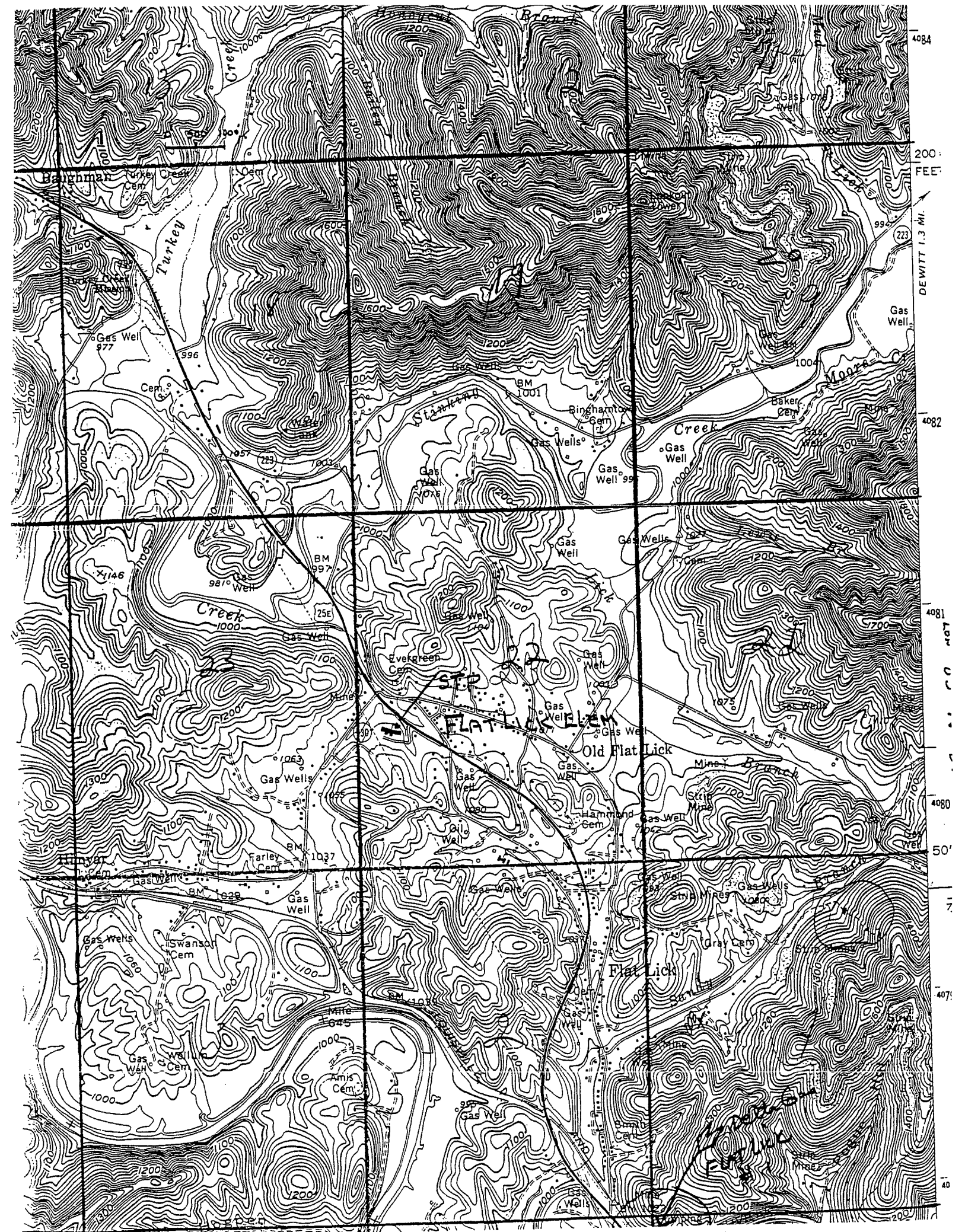
A Maptech[®] MapServer[®] Map of the Flat Lick, Kentucky Area

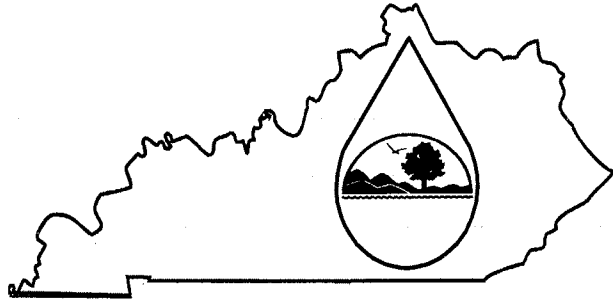


www.maptech.com

To order call 888-839-5551 or 978-933-3000

© 1989 - 2008 Maptech, Inc. All Rights Reserved.
Maptech[®] is a registered trademark of Maptech, Inc.





KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAR 27 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: FLAT LICK ELEMENTARY							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE		0093882	
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				FIVE 5 DAYS A WEEK			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): SCHOOL							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				.007 MGD			
III. Outfall Location (see instructions)							
Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	50	356	83	46	815	UNNAMED TRIB.
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				GPS			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	TREATMENT PLANT	.007	ACT. SLUDGE	3-A
			CHLORINATION	2-F
			DISCHARGE	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: _____
☐ Publicly-owned treatment works (POTW). Name of POTW: _____
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)		
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)	
NAME	ACTUAL POPULATION SERVED
FLAT LICK ELEMENTARY SCHOOL	199
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS	See attached data		
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> WALTER T HULLETT	TELEPHONE NUMBER (area code and number):
SIGNATURE <i>Walter T Hullett</i>	DATE <i>3/25/08</i>

II. BASIC DISCHARGE DESCRIPTION (continued)**K. Plant design data**

Plant design flow:	mgd
Plant design 5-day BOD removal:	%
Plant design N removal:	%
Plant design P removal:	%
Plant design SS removal:	%
Plant began operation:	(year)
Plant last major revision:	(year)

K. Description of influent and effluent (see instructions)

PARAMETER AND CODE	INFLUENT		EFFLUENT				
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
50050 Flow Million gallons per day	.007	.007	.006	.007	1/qr		est
00400 pH Units			5.75	7.57	1/qr	4	grab
74028 Temperature (winter) °F	50.7	50.7	47.6	53.78	1/qr	2	grab
74027 Temperature (summer) °F	75.38	75.38	71.0	78.8	1/qr	2	grab
75054 Fecal Streptococci Bacteria Number/100 ml (Provide if available)				n/a			n/a
74055 Fecal Coliform Bacteria Number/100 ml (Provide if available)				49.2	1/qr	4	grab
74056 Total Coliform Bacteria Number/100 ml (Provide if available)				n/a			n/a
00310 BOD mg/l	<3.1	<3.1	<2.0	5.5	1/qr	4	comp
00340 Chemical Oxygen Demand (COD) mg/l (Provide if available) OR 00685 Total Organic Carbon (TOC) mg/l (Provide if available)	n/a						n/a
50060 Chlorine - Total Residual mg/l	0.2	0.2	.08	.37	1/qr	4	grab
00500 Total Solids mg/l	n/a						n/a
70300 Total Dissolved Solids mg/l	n/a						n/a
00530 Total Suspended Solids mg/l	18.37	18.37	6	49	1/qr	4	comp

Flat Lick

III. BASIC DISCHARGE DESCRIPTION Description of influent and effluent (continued)

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
00545 Settling Matter (Residue) m/l	n/a						n/a
00610 Ammonia (as N)* mg/l	2.23	2.23	0.6	6.2	1/qr	4	comp
00625 Kjeldahl Nitrogen* mg/l	n/a						n/a
00615 Nitrite (as N)* mg/l	n/a						n/a
00620 Nitrate (as N)* mg/l	n/a						n/a
00665 Phosphorus Total (as P)* mg/l	n/a						n/a
00300 Dissolved Oxygen (DO) mg/l		8.9	8.2	10	1/qr	4	grab
01092 Zinc - Total mg/l	n/a						n/a
00940 Chloride mg/l	n/a						n/a
Hardness - Total (as CaCO ₃) mg/l	n/a						n/a

* Provide if available

M. Additional wastewater characteristics (Check box next to each parameter if it is present in the effluent.)

PARAMETER (215)		PARAMETER (215)		PARAMETER (215)	
<input type="checkbox"/>	Bromide 71870	<input type="checkbox"/>	Cobalt 01037	<input type="checkbox"/>	Thallium 01059
<input type="checkbox"/>	Cyanide 00720	<input type="checkbox"/>	Chromium 01034	<input type="checkbox"/>	Titanium 01152
<input type="checkbox"/>	Fluoride 00951	<input type="checkbox"/>	Copper 01042	<input type="checkbox"/>	Tin 01102
<input type="checkbox"/>	Sulfide 00745	<input type="checkbox"/>	Iron 01045	<input type="checkbox"/>	Algalides* 74051
<input type="checkbox"/>	Aluminum 01105	<input type="checkbox"/>	Lead 01051	<input type="checkbox"/>	Chlorinated organic compounds* 74052
<input type="checkbox"/>	Antimony 01097	<input type="checkbox"/>	Manganese 01055	<input type="checkbox"/>	Oil and grease 00550
<input type="checkbox"/>	Arsenic 01002	<input type="checkbox"/>	Mercury 71900	<input type="checkbox"/>	Pesticides* 00550
<input type="checkbox"/>	Beryllium 01012	<input type="checkbox"/>	Molybdenum 01062	<input type="checkbox"/>	Phenols 32730
<input type="checkbox"/>	Barium 01007	<input type="checkbox"/>	Nickel 01067	<input type="checkbox"/>	Surfactants 38260
<input type="checkbox"/>	Boron 10122	<input type="checkbox"/>	Selenium 01147	<input type="checkbox"/>	Radioactivity* 74050
<input type="checkbox"/>	Cadmium 01027	<input type="checkbox"/>	Silver 01077		

* Provide specific compound and/or element in Part O of this application, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2nd Edition*, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.